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APPLICANTS

Chad J. Kugler, Andover, MN;

John R. Drontle, Monticello, MN;

Peter T. Keith, St Paul, MN; Thomas V. Ressemann, St Cloud, MN;

Matthew J. Olson, Roseville, MN;

Thomas K. Heiland, Brooklyn Park, MN;

** CONTINUING DATA *****

This application is a DIV of 09/039,776 03/16/1998 PAT 6,129,756 *OK*

** FOREIGN APPLICATIONS *****

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/13/2000

** SMALL ENTITY **

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MN	DRAWING 28	CLAIMS 10	CLAIMS 2
Verified and Acknowledged <i>John</i> Examiner's Signature _____ Initials _____					

ADDRESS

Thomas E Popovich Esq
Popovich & Wiles PA
Suite 1902 IDS Center
80 South 8th Street
Minneapolis , MN
55402

TITLE

Biluminal endovascular graft system

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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